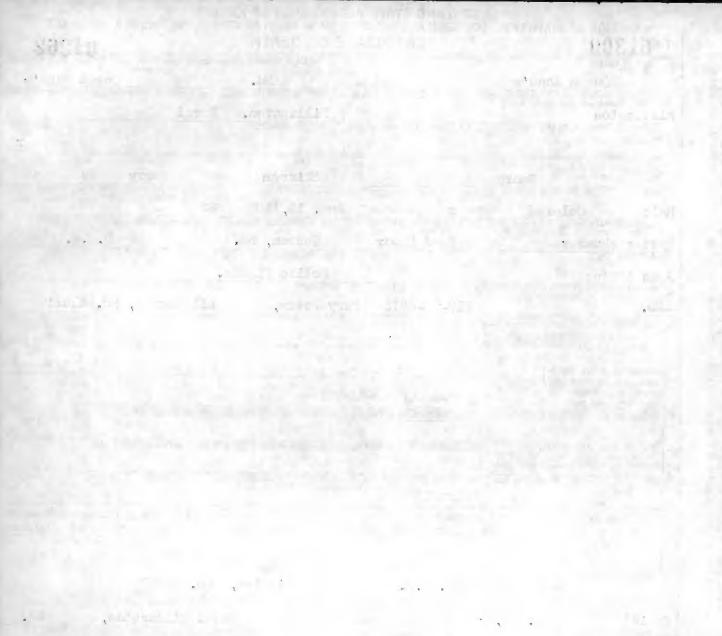
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then trease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removable in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1200 CERTIFICATE OF DEATH

OT 900	M OI DWAITI	11 / 11/
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ri	esidence before admission)
Oueen Anne's MARYLAND	Md. Oue	en Anne's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Millington	Millington, Rural /7	7-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) George	Atkinson DEATH January 8. DATE OF BIRTH 9. AGE (In years IFUNDER	26 19 66
7. MARKIED NEVER MARKIED	last birthday) (Months !	Days Hours Min.
	Aug. 19,1882 83 yrs.	TIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		UNTRY?
Oyster shucker Seafood Labor		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Atkins	Mollie Fields.	
(Yes, no, or unknwn) (If yes give war or dates of service)	INFORMANT Address	
No. 217-05-0978 Ma	ry Potts, Millington, Md.	21651
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Celove helion	whale	3 doys
33/ X DUE TO 10 5	_ 0 -	Sug. 3
Conditions, if any, which (b) Carolina ollers		Jam .
gave rise to immediate cause (a), stating the underlying cause last. DUE TO Convery Sclero	was	5 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part 1 or Part II of Item 18.	.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (Cou	inty) (State)
21 certify that (I) (this hospital) attended the deceased from	2ps. 27, 1962 to Jou 26, 196	
	at death occurred at 1'30 PM, from the causes and on t	he date stated above. Ate signed
22a. SIGNATURE Surling M.I	D. ATTENDING MED. STAFF DIRECTOR PHYS.	2766.
PHYSICIAN'S) NAME (Type) Geza Koralewski. M.D.	Millington, Md. 21651	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER Burial Jan. 29,1966 Rileys Neck C		unty) (State) Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
Ouvary Silvours, I fully toke	MACA DATE 120 1	



THE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) hours a. COUNTY b. COUNTY: 후2분 MARYLAND by th deat b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 OR TOWN If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest lown) Pages 1 urs after .= = within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give freat address) n 72 hours d. STREET ADDRESS completely 3. NAME OF 4. DATE Middle Last Day DECEASED OF DEATH carbon pa (Type or print) 10 S. SEX COLOR OF RACE 8. DATE OF BIRTH 9. AGE IIn years I F UNDER 1 YEAR and 7. MARRIED NEVER MARRIED Jast birthday) Months Days WIDOWED I DIVORCED physician FEMOVE 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) 13. FATHER'S NAME Than please .= MOTHER'S MAIDEN NAME affending and ANIE removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no nor unkown) | (If yes give war or dates of service) permit. attending physician. as been signed by burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 nul IMMEDIATE CAUSE (a cremation, **DUE TO** Conditions, if gave rise to immediate cause the bur has DUE TO (a), stating the underlying cause last. PHYSICIAN: the hospital or (c) certificate 5 Q PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION prior 115E for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH R: After this detached for the of Health ; 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) AITENDING 2Dc. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) be retained factory, street, office bldg., etc.) While Not While DIRECTOR: A should be del Hour a.m. Dept. at work at work 19.60 to January 19.66, that (1) (wa) last 21. I certify that (1) (this hospital) attended the deceased from stiould State OR 22a. SIGNATURE ATTENDING HOSPITAL rector, page PHYS. DIRECTOR PHYS. M.D. 22d. 22c. PHYSICIAN'S ADDRESS NAME (Type 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City

SMETER

25a. RECID BY REGISTRAR

25b

REGISTRAR'S SIGNATURE

IS RESIDENCE ON A FARM?

YES NO

1966

PERFORMED?

NO

(State)

22b. DATE

(State)

SIGNED

YES

IF UNDER 24 HRS

Hours

death. Page 4 O FUNERAL D F B VR A15 (4) 20M S-63

DEMOVAL (Specify)

DIRECTOR'S SIGNATURE

BURGA

24 FUNERAL

E8810 A STATE OF THE STA all reserved to the second of W72/E = 12/2 has and the second of the second o Missis with the self-marget in we make the market the CONTRACT BURGETS will all reachest project of with other exercises Carlinal Olymphan No. - april the Heart Marie 10 years A DELL X MI I John R. Smith it - Centraille , Maryland well and the selection of the first time of the first the first the first time of the first time. The state of the s 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

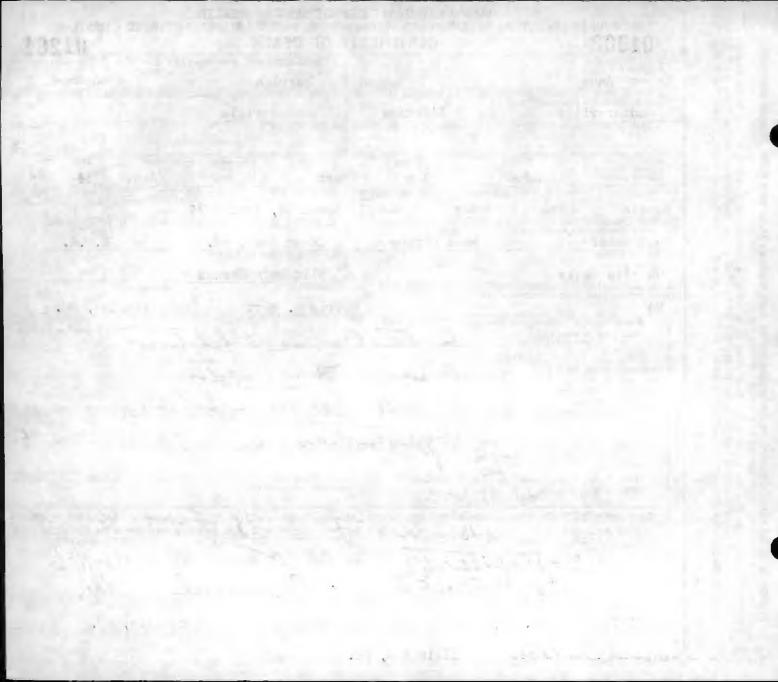
0130)2		CERTIFIC	CATE	OF DEAT	H			0	11264
b. CITY OR TO write RUR Sudles	ATH Anne DWN (If outside corpora AL and give nearest tow rsville HOSPITAL OR INSTITUTION		MARYLE E. LENGTH OF STAY I Lifetime Oltal, give street add	IN 1b	2. USUAL RESIDE a. STATE Maryla c. City or fown Sudlers d. STREET ADDRES	ind (If outside o	b	COUNTY	Jeen F	
3. NAME OF DECEASED (Type or prin		rst 2	Middle Walls	Н	Lest	4. DAT	ATH	Month Jan.	Day	y Year 1966
5. SEX Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		April 24,	1891	9. AGE (In last birt	yrs. Mon	ths Days	
Postmast 13. FATHER'S N. Charles 15. WAS DECEASE	AME	Post	of Business or USTRY L Office		Queen Ar 14. MOTHER'S MA Elizabet	nne, Mo	d. cus	Address	2. CITIZEN COUNTR U.S.	OF WHAT Y? A.
PART I. Conditions, gave rise cause (a),	DEATH LEnter only on DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE If any, which to Immediate stating the DUE	e cause per line	Parte		rudias Tuyu	will aufe	Such	dlersv	INT	Md. ERVAL BETWEEN SET AND DEATH
THICATI	R SIGNIFICANT CONDITION TO WAS UNDERLYING DITTING CAUSE OF DEA	20h, DP	SCRIPE NOW INJURY	2,,,,,	Pian				Y	WAS AUTOPSY PERFORMED?
20c. TIME O Hour	F INJURY Month, Day,	Year 20d. INJI While at work	Not While the deceased fro	factor)	E OF INJURY (Home , street, office bldg. Death occurred a	19 <i>5</i> (2,		14,1		(State) that (i) (we) last
22a. SIGNA	TURE O + V	METER	celle.	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF	22		
23a. BURIAL, CR REMOVAL (Burial 24. FUNERAL D		THEREOF 16,1966	Sudlersvi		Cemetery 25a.		LOCATION (Md.	(State)
Edivaro	LFellow	www Mi	llington,	Md.	DATE	N 18	1966	Meles	rees &	ndge

VR A15 (4) 15M 4-64

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove before papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) CDUNTY b. COUNTY MARYLAND Department after death. any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) JONN. ENTR 5 e. IS RESIDENCE d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DN A FARM? State hours KOAd ND X YES L NAME OF Middle 4. DATE Month Year Lest the 72 DECEASED ANVAR 196 DEATH (Type or print) 2 with AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLDR DR RACE DATE OF BIRTH O DEPUTY MEDIGAR EXAMINER: This certificate should be executed within 24 hours after death. If please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 9. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours 0 0 WIDOWED DIVDRGED 12. CITIZEN DF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR BIRTHPLACE (State of foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY VO 0 pages In any 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) permit. I SON R/6WN hesTe INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), DNSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the CO underlying cause last. used as to burial WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? execute the certificate, writing the Page 4 should be forwarded to the 1 for your files. NO D YES 20a. EXTERNAL CAUSE WAS PRIMARY OF O'C CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) should f 2 20c, TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 3 shou (State) MEDICAL (County) 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Not While JIRECTOR: Page its designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion D FUNERAL DIRECTOR: of Health or its design Undetermined manner Natural causes Suicide Homicide death resulted from: Accident ACTUAL SIGNATURE DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER please ex director. retained f **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) LDGATIDN (City, town (State) BURIAL, CREMATION. 23b. DATE HERFOR 23c. NAME REMDVAL, (Specify) 9 0 25a, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME

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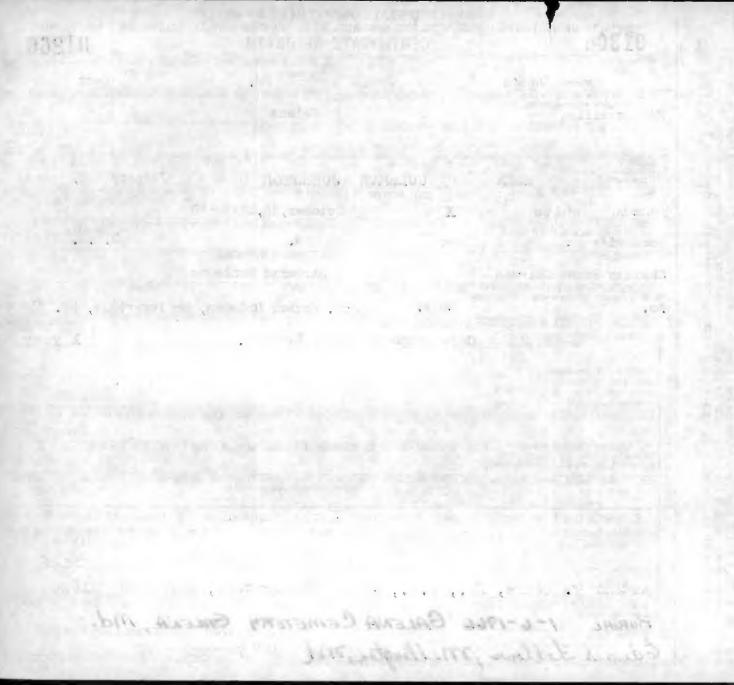
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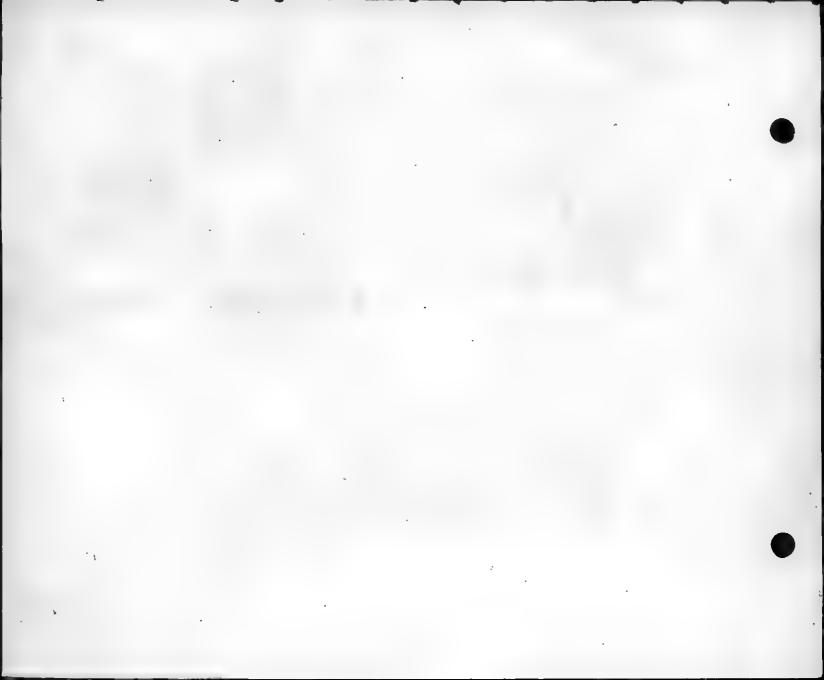
MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MUNITEDIAL	OIVIE	DEI WILLIAM	O. I.	11 -23 - 111

	0130		CAL RESE	CERTIFIC		, 301 W. PRESTO		REET, B	BALTIMO	RE 1, N	() 1	261	5
1.		ueen Anne's N (if outside corporat and give nearest tow		MARYLA		2. USUAL RESIDEN a. STATE Md. c. CITY DR TOWN (I			b. COUN	TY Ke	ent		Lane -
S	udlersvi		n)			Galena			14-	2			
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (If not in h	ospital, give street add	iress)	d. STREET ADDRESS	1				e Y	DN A	NO 2
3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DJ	ATE	Month		Day	Ye	ar
	(Type or print)	EMM	A	COLEMAN	1	JOHNSTON	Di	EATH	Janu		3,	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3	. DATE OF BIRTH		9, AGE	(In years birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
F	emale	White	WIDOWED	DIVORCED		ctober, 23,	1877	88	yrs.	Months	Days	HOURS	Min.
dur	.USUAL OCCUPATING most of work	ION (Give kind of working life, even if retire	done 10b. h	CIND OF BUSINESS OR NDUSTRY		Md.	County & S	state, or fo	reign country	C	OUNTRY S.A.	OF WHAT	
	FATHER'S NAM	E				14. MOTHER'S MAI	DEN NAM	IE			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
C	harles R	eese Colema	n			Margaret 1	Monta	crie					
15.	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.				Addres	s			
(Ye	s, no, or unkown)	(If yes give war or dates o	f service)	None.		. Arthur Co	o l em s	n S	ndlere	es 11.	n M	1 2	1668
		NEATH LEnter only on		line for (a), (b), and (c),	W	S. ALLIIUI O	OTenie	iii, o	udieis	ATTT		RVAL BE	
		ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Ca	rcinoma of	-	eft breas	t.				ONS	yea yea	DEATH
	Conditions, if	anv. which \											
	gave rise to cause (a), si underlying caus	Immediate DUE	(b) TO (c)										
CATION				UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE	CONDITIO	ON GIVEN IN	PART 1(a)		WAS AL PERFOR	JTOPSY MED? NO
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING TO NG TO CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	occu	RRED. (Enter nature o	of Injury	In Part I	or Part II o	f Item 18	3.)		
MEDICAL	20c. TIME OF Hour a.m		Year 20d. While	- Not While -	facto	CE OF INJURY (Home, f ry, street, office bldg.,	etc.) 20	Of. (City	or town)	(Co	unty)	(:	State)
-				led the deceased fro	m	JAW ,	1965	to_ 3	THN	_, 19_6	CG, th	at (I) (1	we) last
	saw the dec	ceased alive on	0.12			death occurred at.	N	l, from tl	he causes				above.
	22a. SIGNATUI	REO	1			ATTENDING PHYS.	MED.	_ s	TAFF -		DATE SIG		
	22c. PHYSICIA	300	cet	7	M.D	PHYS.	DIRECTO	DR L P	HYS.		.4.	66	
	Arthur	T. Keefe	, fr.	M.D. FA	CS	Chester	town	, Ma	rylar	nd :	2162	30	
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEN	TETERY	OR CREMATORY	23d.	LOCATI	ON (City, to	wn or co	unty)	(S	tate)
24	BURIAL	1-6-	1966	ADDRESS	C	EMETERY 258. RE	C'D BY F	ALE	NA 25b. RI	GISTRAR	'S SIGN	ATURE	
	Edwar	& Fellow	so y	nillinota	5.0	nd DAAN	7	1966		melo.		das	

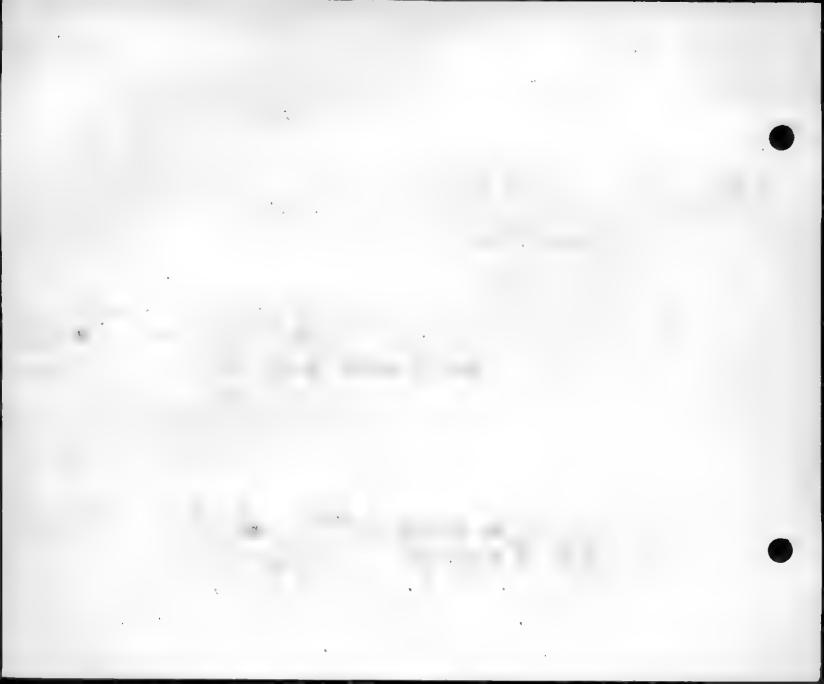
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A	DIVISIO	MA ON OF STATISTICAL RE	RYLAND STATE DE SEARCH AND RECORDS	PARTMENT OF S, 301 W. PRESTON	HEALTH N STREET, BALTIMO	RE 1, MARYLAND
_	0130	6	CERTIFICAT	E OF DEATH		01268
1.	PLACE OF DEAT a. COUNTY	Queen Anne	MARYLAND	a. STATE Mary		stitution: Residence before admission)
	b. CITY DR TOV write RURAL	VN (If outside corporate limits, and give regrest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If a	_	Ite RURAL and give nearest town)
	d. NAME OF HO	SPITAL OR INSTITUTION (If not I	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?, YES NO
3.	NAME OF DECEASED (Type or print)	OLIN	SUDLER L	LEWIS Last	4. DATE Mont	12 19 66
	ale	White Wildow	→	8. DATE OF BIRTH Jan. 21, 189	(vehdav)	Months Days Hours Min.
10: du	ing most of wor	TION (Give kind of workdone 10) king life, even if retired) Senance man Stat	NIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (CO	unty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NA	Charles Lewis		14. MOTHER'S MAIDI	en name vrah Gesford	
15 (Y	. WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		INFORMANT Rufus Lewis-	-Grasonville,	Maryland
		DEATH [Enter only one cause p EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er lipe for (a), (b), and (c).1	Heart Far	lure, acute	INTERVAL BETWEEN DISET AND DEATH
	Conditions, if	any, which) DUE TO	Viteriosilytu	> Heart	Diene	6-7 years
	underlying cau	stating the DUE TO				
CERTIFICATION		SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING [] 206 TING [] CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II o	of Item 18.)
MEDICAL	Hour a.	m. Wi	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far ory, street, office bldg., et	rm, 20f. (Gity or town)	(County) (State)
		ify that (I) (this hospital) atte			AP M, from the causes	and on the date stated above.
	22a. SIGNATU	John & for	not f		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 1-14-66
	22c. PHYSIC! NAME (Type) John R. Sn	ith In.	22d. ADDRESS Centrev		
23	REMANALES	telly) Jan. 15	Stevensvil ADDRESS	le	23d. LOCATION (City, to Stevensvil) 20 BY REGISTRAR 25b. R	le, Maryland REGISTRAR'S SIGNATURE
	Edgar	d. Lane	Church Hill,	Md. JAN 2	6 1956	orles Judge



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	n
FOR STATE	01307 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()126	9
HEALTH DERY.	1. PLACE OF DEATH	fore admission
	Ougen Anne's Maryland Anne Arundel	1
to the funeral age 5 may be the Department to Department is after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town
tuness tune may partmo	Chester 2 hours Annapolis	
Der Ste	at white of these time of the fit that in the press Bus of one endines.	S RESIDENCE ON A FARM?
delay is not 3 to 1. Page State D State D hours a	Harbor View St. Mary's Rectory YES	s Not
<u>의</u> 면 이르	3. NAME OF First Middle Last 4. DATE Month Oay OF	Year
2,12 ±K	(Type or print) Stephen L. McGovern DEATH Jan. 30	1966
ith. If an form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR) 1 1 1 1 1 1 1 1 1	UNDER 24 HR:
death. I e Pages ith forn and 2 w ent with	Male White WIDOWED OIVORCED Jan. 15. 1919 47 yrs.	111111111111111111111111111111111111111
ve Pagwith with and and	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) (COVINITY)	WHAI
	Priest R.C. Church West Calder, Scotland 43	•
	13. FATHER'S NAME	
frem 18 free all free	Patrick McGovern unknown	
220 7	15. WAS DECEASED EVER IN U.S. AR MED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, No. or unknown) (Myes give war or dates of service)	
thin sr's oval	no St. Mary's Rectory, Annapolis Md.	
uted within in pencil is Examiner's asit permit.	I ONSET	AL BETWEEN
e executed anding, in the citical Examination in the citical examination of	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Coronary Occlusion 15	min.
<u>5</u> 20 − 12 €	420/ DUE TO	
be exe pendin Medica urial-tr	Conditions, if any, which gave rise to immediate (b) arteriosclerotic heart disease year	.rs
7 - 0 -	cause (a), stating the DUE TO	
should word Chief as a a	underlying cause last.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	WAS AUTOPSY
by a se te	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.	ERFORMED?
्र इच्चू हुइ ्र	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	LI NO K
tring tring ed to d be orior	PRIMARY Or CONTRIBUTING	
R: This cerate, writin forwarded 3 should tagent, prin	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
forv forv 3 sh	factory street office hidge etc.)	(01111)
be ed		1-t-
the certificates the certificates the certificates to the certificates the		n my opinio
At EXA the ce shoul r files.	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
	ACTUAL AC	DATE SIGNED
Y MEDII execute Page I for you IAL DIRE	SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER X Jan. 31	,1966
三	EXAMINER'S C. R. Layton, M.D. Address (Street, city, town, or county) Centreville	e. Md.
O DEPUTY please ex director. retained fo FUNERAL of Health	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
of Firety of Firety	BUNGLISPECTY) 2-3-1966 PEDEUDTORET CEM ST. MARYS ANNA POLIS	ND
	24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SUGNAL	TURE
VR A15ME	NOHN M. TAYLOR. SONS ANNAPOLIS MO DEB 7 1966 Jeliarles Jus	0
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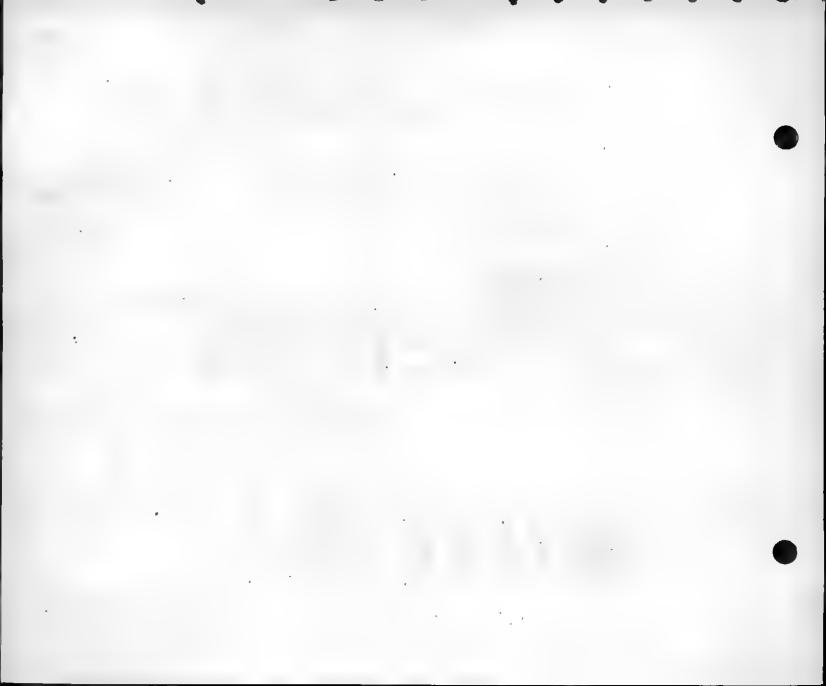
MARYLAND STATE DEPARTMENT OF HEALTH



- 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01309 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01971
"ay is necessary, "al director. Page Trail director. Page 1 for your files. Board of Health, HITPS	1. PLACE OF DEATH a. COUNTY Queen Anne b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Sudlersville d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2. USUAL RESIDENCE (Where deceased Lived, if institution: Residence before edmission of the country
hours after death. If any cages 1, 2, and 3 to the fune 3. Page 5 may be retainedges 1 and 2 with the State thin 72 hours after death.	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER N
ould be executed within 24 in peneil in frem 18. Give P Office along with form PM burial-transit permit, File pa noval, and in any event with	[S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) (Hyosgive war or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) To both Lower Extraties + Rhdozen
KAMINER: This certificate sh, writing the word "pending", he Chief Medical Examiner's Page 3 should be used as a ry to burial, cremetion, or ren	Sava rise to Immadiate cause (a), stelling the underlying DUE TO (cause lest). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'(a) 19. WAS AUTOPSY PERFORMED? YES NO YES NO YES NO YES NO YES NO YES NO YES YES NO YES NO YES Y
S TO DEPUTY N. DICAL EXPLOSE PROBLEM PROBLEM PROBLEM PRECIOR. SET OF PUNERAL DIRECTOR. or its designated agent, pric	21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) PREMOVAL (Spec fy) Burial Jan. 8 Church Hill, Maryland ADDRESS Church Hill, Maryland Church Hill
9	(A)



MARYLAND STATE DEPARTMENT OF HEALTH

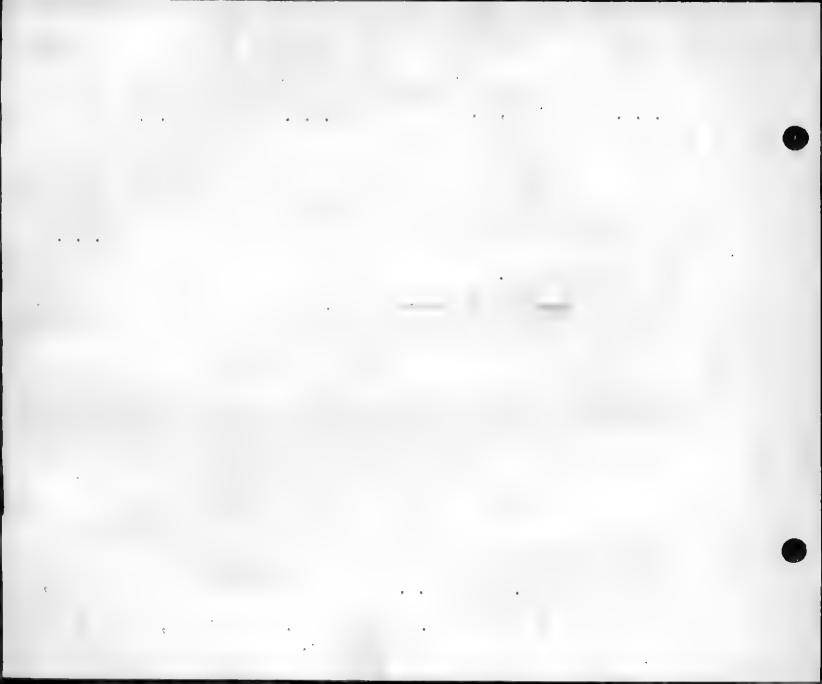


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH Maryland a. COUNTY b. COUNTY Queen Anne's County, Maryland Kent County y delay is necessary and 3 to the funeral Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Centreville, Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 R.F.D. Chestertown. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours Island Creek Road No T Year 66 3. NAME OF Middle DATE Last DECEASED George Joshua Thompson DEATH 19 (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 8. Set birthday) Months | Days Hours death. I Colored Male WIDOWED J 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR VALUE V 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pauline Washington Joseph Thompson Sr. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) .⊑ Chestertown, Md permit. Mrs.Pauline Thompson in penci INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ial-transit IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which (b) certificate should be gave rise to immediate DUE TO cause (a), stating the es underlying cause last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. PE beed 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 386 at work 19 at work CTOR: Par designate 21. I certify that I took charge of the remains described above, held an Autopsy Inspection /. Inquiry X and in my opinion the cert should director, Page 4 should retained for your files.

TO FUNERAL DIRECTOR: P of Health or its designa Undetermined manner Accident 📝 Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED Page ASSISTANT MEDICAL EXAMINER Centreville . Md . C. Layton M.D. **EXAMINER'S** Rodney Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. REMOVAL_(Specify) Fairlee Pleasant Burial Maryland 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR Chestertown, Md. 1966 VR A15ME 3500 4-64



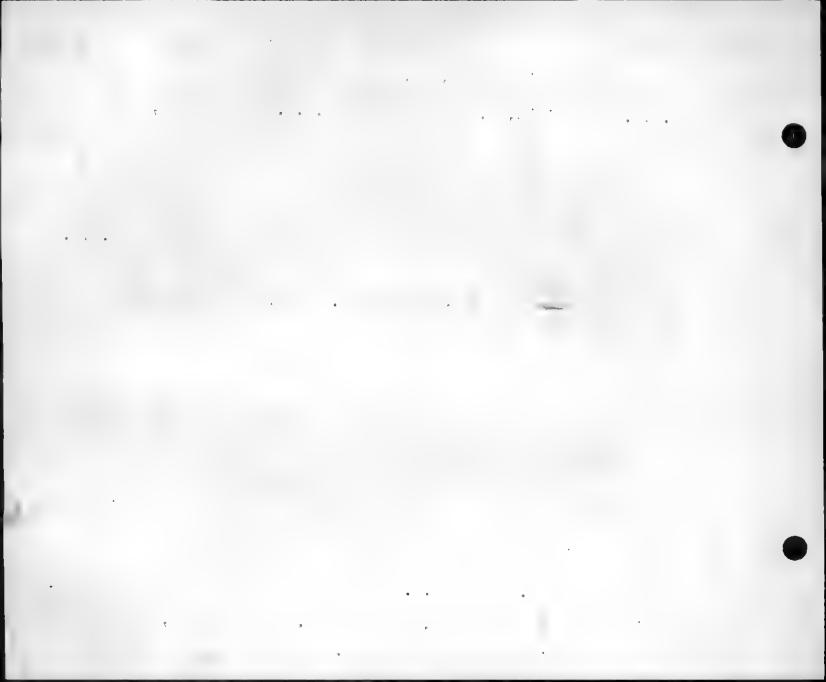
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATES MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Queen Anne's County, Md. elay is memessary, d 3 to the funeral Page 5 may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

R. F. D. Centreville, Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b R.F.D. Chestertown, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Island Creek Road NO and NAME OF DATE Middle utell within 24 llours after llunth. If may ll.
in pencil in Item 18. Give Pages 1, 2, an
Examiner's Office along with form PM3. DECEASED OF 66 Eugene Thompson Thomas DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED 8. dast birthday) Male Colored N 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) SUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hazel Thompson Rudolph Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) please execute the certificate, This certificate should be executed within director. Page 4 should be forwarded to the Chief Medical Examiners. Thompson Chestertown, Md. Ethel Yes CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN **DNSET AND DEATH** PART I. DEATH WAS CAUSED BY: burial-transit processit of the cremation, or processit of the cremation, or processit of the cremation of the crematical of the IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the 62 underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 3 should basent, price 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. /2 30 factory, street, office bldg.. etc.) - Not While DIRECTOR: Page its designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection \ and in my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner death resulted from: Natural causes Accident 1 Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Rodney C. Layton M.D. Address (Street, city, town, or county) Centreville, Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATIONA DATE THEREOF 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR 1966 VR A15ME Chestertown. Md. 3500 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY KREYNT County Queen Anne's County, Md. MARYLAND y is necessary, to the funeral b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Chestertown, Maryland R.F.D. Centreville, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE y delay is nand 3 to that A. Page ON A FARM? State 1 Island Creek Road NO A YES L. 3. NAME OF Middle DATE 66 DECEASED OF DEATH Thompson Joseph 19 (Type or print) William 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 6. COLOR OR RACE AL EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 7. MARRIED NEVER MARRIED TH dant birthday) Months Days Hours Colored Male MIDOWED DIVORCED (11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR UCOUNTRY! INDUSTRY Maryland Various Labor pages 1 in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pauline Washington I in Ite. Josmph Thompson Address Chestertown, Md 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) , (If yes give war or dates of service) Mrs. Pauline Thompson No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the CO underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI NO I YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Infury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 3 should tagent, price bacal Day, Year | 20d. INJURY OCCURRED 20a. PLACE OF HIJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. factory, street, office bldg., etc.) Not While -While Some Che Hill JIRECTOR: Page (19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opin! FUNERAL DIRECTOR: f Health or its design Undetermined manner Homicide Accident \ Suicide death resulted from: Natural causes Page 4 s for your CHIEF MEDICAL EXAMINER 22. DATE SIGRED SIGNATUR Centreville . Md please ex director. retained 1 NAME (Type) Rodney C. Layton M.D. Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) Maryland Fairlee. Mt.Pleasant Cem. 0 **9**/1966 Buria T REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR ADDRESS Chestertown, Md. VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



- 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	01013
	a. COUNTY (1) b. COUNTY (1)
thit be	D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITX OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITX OR TOWN (If outside corporate limits, write RURAL end give nearest town)
une lune nay de a	write RURAL and give nearest town)
cessary, or the functal e 5 may be Department after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIGENCE
Se Bet	4330 HARTWICK ROAD, Apt 115 YES NO P
delay and 3 to 3. Page State hours a	3. NAME OF First Middle Last 4. DATE Month Day Year
5.25 ±2	(Type or print) JAMES CRAWFORD VEASEY DEATH JAN. 9, 1966
ith. If an form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
th. forr forr wit	MALE White WIDOWED DIVORCED JULY 24, 1937 28 yrs. Hours Min.
84 E E	10e, USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT
after ong woong w	Food Tuspector U.S. Gov't Delaware U.S.A.
80 % S S S S S S S S S S S S S S S S S S	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
SE 0 2.3	John Hammond VERSEY ANNA MAE COLLINS
24 Offine 1.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (VAG. no. 4 minimum) 1 (18 ver of live way no 4 above of carries)
ted within 2 in pencil in Examiner's (Examiner's constitution) or removal,	No 221-20-1765 Charles Wilson IRWIN, Aptils College PARK MH
ed within penciling the second	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DEATH ONSET AND DEATH
ild be executed "pending" in if Medical Exar i burlal-transit cremation, or or	IMMEDIATE CAUSE (6) AS LACY ICC BY Vrowning
be execut pending" Medical E urtal-trans emation,	DUE TO DUE TO
be e pen Aedi rrlal	Conditions, If any, which gave rise to immediate (b)
₽° ↓ ₽ 5	ceuse (a), stating the DUE TO underlying cause last. (c)
sed the	Exposiure & Cold Water YES NO.
certificate the lift in the led to the used to be used prior to bu	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) EXPOSITOR EXPOSITOR Cold Wattername 20a. EXTERNAL PAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. WENY OUT IN Small back In heavy Seat
	CAUSE OF DEATH. Went out in Small boat in heary Sea
This e, wr nward shou sent,	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
EXAMINER: certification ould be found by the f	Hour e.m. 10 30 While Not While Starter R Bery Donminion QR Mil
Pag Pag	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
the certificates the certificates the certificates are files. ICEOR: Page designated a	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
MEDICA Recute 1 Page 4 for your L DIRIC or its o	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. BATE SIGNED
TY ME exect of for for the or	EXAMINER'S DEPUTY MEDICAL EXAMINER
O DEPUTY No please exector. Paralined for Funeral of Health of Hea	NAME (Type) Address (Street, city, town, or county) (State)
o director of the of the	REMOVAL (Specify)
	24. FUNERAL DIRECTOR ADDRESS 259 REC'D BY REGISTRAN' 250. REGISTRAN'S SIGNATURE
VR ALSME (5)	1. Noudas Meson, Tronkford, ReleucasiaN 14 1956 Plumles Judge
5M 1/65	The state of the s



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE DF DEATH 1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY attending physician and completely filled in by the 1 rmit. Then please remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sifeet address) d. STREET ADDRESS within 3. NAME OF Middle Last 4. DATE Month DECEASED (Type or print) DEATH executed 5. 6. COLOR OR RACE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 10al USUAL OCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS OR (County & State, or foreign country) pe during most of working life, even If retired) UNDUSTRY Eacher FATHER'S NAME certificate 13. MOTHER'S MAIDEN WAR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) the been signed by the the burial-transit or to burial, cremati CAUSE DF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Cenditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating the prior underlying cause last. has 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use for use Health certificate detached for 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. 19 at work at work retained DIRECTOR: At age 3 should | iled with the S 195% to 21. I certify that (I) (this hospital) attended the deceased from... 10.19 and that death occurred at 6 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE page ATTENDING Page 4 may I M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22¢. PHYSICIAN'S director, p should be 1 NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town on REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. 25b.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? NO I

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES

that (I) (we) last

DATE SIGNED

county)

(County)

22b.

DATE

NO IX

(State)

(State)

YES

Day

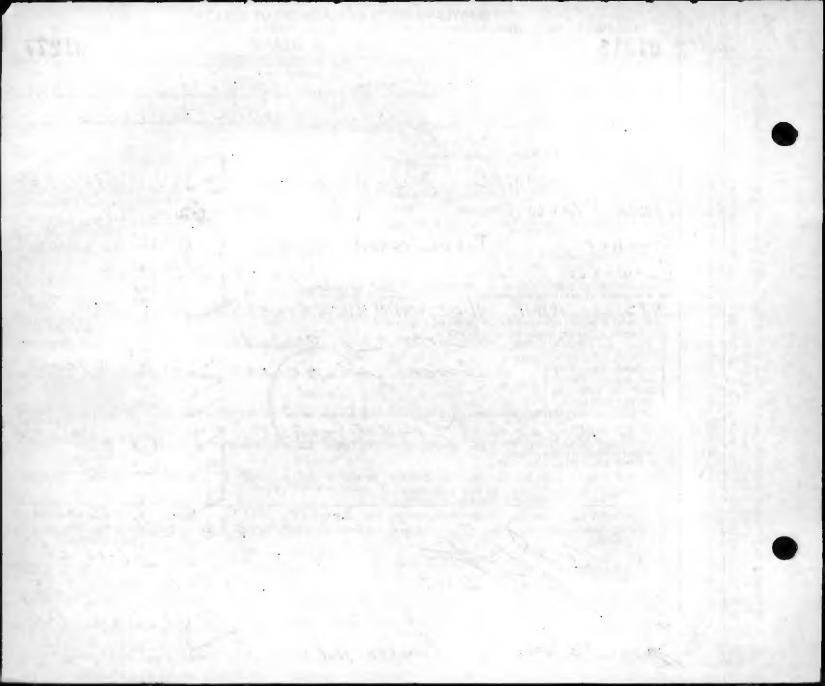
Days

12. CITIZEN OF WHAT

COUNTRYT

Months

VR AI5 (4) 20M 1/65



the funeral 5 may be any delay N. 2, and 3 to t PM3. Page EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item-18, Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office, along with form p==| (7) execute the certificate or. Page 4 should be for of for your files. DEPUTY MEDI

VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Queen Maryla nd Dueen Anne's Anne's County. Department after death. b. CITY OR TOWN (If outside corporate limits, R. F. D. Church HIII, Md. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b R.F.D. Church Hill, Maryland Lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State At Home 3. NAME OF First Middle Last 4. DATE Month DECEASED 0F Wright George DEATH (Type or print) 2 with within 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH last birthdey) Months I Male Colored WIDOWED and sevent 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY S.A. Various Maryland Labor pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Will Wright Matilda Clark File Address R. F. D. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. removal, (Yes, no, or unkown) (If yes give war or dates of service) Church Hill.Md. 217-30-9268 Mrs.Mary Wright CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or 10207 cremation, DUE TO 85 12 Ted Conditions. if eny, which rise to immediate DUE TO (a), stating the used as a to burial, underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION ld be DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should agent, 1 WEDICAL 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection FUNERAL DIRECTOR: Natural causes X Accident Suicide death resulted from: Homicide CHIEF MEDICAL EXAMINER 2 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR O DEPUTY MEDICAL EXAMINER Health please ex director. retained f **EXAMINER'S** C. Layton M.D. Rodney NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 0 Richneck Hall Cem.

and In my opinion Undetermined manner 22. DATE SIGNED 66 Address (Street, city, town, or county) Centreville, Md. 23d. LOCATION (City, town or county)
Near Church Hill, BURIAL, CREMATION,
BEMOVAL (Specify) .966 29 ADDRESS 25a. REC'D BY REGISTRAR | 25b., REGISTRAR'S/SIGNAJURE FUNIERAL DIRECTOR DATE Chestertown.

e. IS RESIDENCE ON A FARM?

YES ND

Year

1966

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

(State)

PERFORMED? NO IS

YES

Day

26

Days

K\$810 the sales AND THE PROPERTY OF THE PROPER . Dr. Saurni Senerie e sa e